o.: 37355-037

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

BISHOP, FRED ALAN, et al.

Confirmation No.: 3558

Certificate of Mailing

I, hereby certify that this correspondence (along with

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Commissioner for Patents, P.O. Box 1450,

Filed

09/652899 August 31, 2000

Title

METHODS AND APPARATUS FOR

CONDUCTING ELECTRONIC

**TRANSACTIONS** 

Grp./A.U.

3621

Examiner

Jalatee Worjloh

Customer No.

1923

Stephen T. Scherrer, Reg. No. 45,080

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above identified application.

No additional fee is required.

Applicant is entitled to small entity status under 37 CFR 1.27

X Also attached:

Notice of Appeal and Petition for Extension of Time

The fee has been calculated as shown below:

| Response Under 37<br>CFR 1.116 - Expedited<br>Procedure | NO. OF<br>CLAIMS | HIGHEST<br>PREVIOUSLY<br>PAID FOR | EXTRA<br>CLAIMS | RATE       | FEE      |
|---------------------------------------------------------|------------------|-----------------------------------|-----------------|------------|----------|
| Total Claims                                            | 0                | 0                                 | 0               | \$50.00 =  | \$0.00   |
| Independent Claims                                      | . 0              | 0                                 | 0               | \$200.00 = | \$0.00   |
|                                                         |                  | Multiple dependen                 | \$0.00          |            |          |
| Fee for extension of time                               |                  |                                   |                 |            | \$120.00 |
|                                                         |                  | Notice of Appeal                  |                 |            | \$500.00 |
| Total of Above Calculations                             |                  |                                   |                 |            | \$620.00 |

 $\boxtimes$ Please charge my Deposit Account No. 13-0206 in the amount of \$620.00. An additional copy of this transmittal sheet is submitted herewith.

 $\boxtimes$ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 13-0206, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

McDERMOTT WILL & EMERY LLP

Stephen T. Scherfer

Registration No. 45,080

Please recognize our Customer No. 1923 as our

correspondence address.

227 West Monroe Street Chicago, IL 60606-5096 Phone: 312.372.2000 STS:cnh

Facsimile: 312.984.7700 Date: June 17, 2005 CHI99 4486926-1.037355.0037

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| Under the Panerw                                                                                                                                                                                                           | ork Reduction Act of   | 1995 no ner                  | sons are required to r | respond to a collecti | on of inform                  | ation unless         | it displays a va | alid OMB c  | control number |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------|------------------------|-----------------------|-------------------------------|----------------------|------------------|-------------|----------------|--|--|--|
| Effective on 12/08/2004.  Effective on 12/08/2004.  Description of the Consolidated Appropriations Act, 2005 (H.R. 4818).                                                                                                  |                        |                              |                        | Complete if Known     |                               |                      |                  |             |                |  |  |  |
| T                                                                                                                                                                                                                          |                        |                              |                        | Application Nu        | ion Number 09/652,899         |                      |                  |             |                |  |  |  |
| FEE TRANSMITTAL                                                                                                                                                                                                            |                        |                              |                        | Filing Date           |                               | August 31, 2000      |                  |             |                |  |  |  |
| For FY 2005                                                                                                                                                                                                                |                        |                              |                        | First Named In        | ventor                        | Fred A. Bishop       |                  |             |                |  |  |  |
| Applicant claims small antity status. See 27 CER 1 27                                                                                                                                                                      |                        |                              |                        | Examiner Nam          | ne                            | Jalatee Worjloh      |                  |             |                |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27                                                                                                                                                                      |                        |                              |                        | Art Unit 3621         |                               |                      |                  |             |                |  |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 620                                                                                                                                                                                           |                        |                              |                        | Attorney Dock         | Attorney Docket No. 37355-037 |                      |                  |             |                |  |  |  |
| METHOD OF PAYMENT (check all that apply)                                                                                                                                                                                   |                        |                              |                        |                       |                               |                      |                  |             |                |  |  |  |
| Check Credit Card Money Order None Other (please identify):                                                                                                                                                                |                        |                              |                        |                       |                               |                      |                  |             |                |  |  |  |
| Deposit Account Deposit Account Number: 13-0206 Deposit Account Name: McDermott Will & Emery LLP                                                                                                                           |                        |                              |                        |                       |                               |                      |                  |             |                |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                                                                                                     |                        |                              |                        |                       |                               |                      |                  |             |                |  |  |  |
| Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee                                                                                                    |                        |                              |                        |                       |                               |                      |                  |             |                |  |  |  |
|                                                                                                                                                                                                                            |                        |                              |                        |                       |                               |                      |                  |             |                |  |  |  |
| Charge any additional fee(s) or underpayments of fee(s)  under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card |                        |                              |                        |                       |                               |                      |                  |             |                |  |  |  |
| information and au                                                                                                                                                                                                         |                        |                              | oublic. Credit card in | irormation should     | not be incit                  | Jaea on this         | torm. Provid     | e creat c   | aro            |  |  |  |
| FEE CALCULA                                                                                                                                                                                                                | ATION                  |                              |                        |                       |                               |                      |                  |             |                |  |  |  |
| 1. BASIC FILIN                                                                                                                                                                                                             | IG, SEARCH, A          | ND EXAM                      | INATION FEES           |                       |                               |                      |                  |             |                |  |  |  |
|                                                                                                                                                                                                                            |                        | NG FEES                      | SEAF                   | RCH FEES              | EXAM                          | INATION              |                  |             |                |  |  |  |
| Application T                                                                                                                                                                                                              | ype Fee                | <u>Small E</u><br>(\$) Fee ( |                        | Small Entity Fee (\$) | Fee (                         | Small E<br>\$) Fee ( |                  | Fees Pa     | aid (\$)       |  |  |  |
| Utility                                                                                                                                                                                                                    | 300                    |                              | <del></del>            | 250                   | 200                           |                      | •                |             |                |  |  |  |
| Design                                                                                                                                                                                                                     | 200                    | 100                          | 100                    | 50                    | 130                           |                      | -                |             |                |  |  |  |
| Plant                                                                                                                                                                                                                      | 200                    |                              |                        | 150                   | 160                           | •••                  |                  |             |                |  |  |  |
| Reissue                                                                                                                                                                                                                    | 300                    |                              |                        | 250                   | 600                           |                      |                  |             |                |  |  |  |
| Provisional                                                                                                                                                                                                                | 200                    |                              |                        | 0                     | 0                             | 0                    |                  |             |                |  |  |  |
| 2. EXCESS CL                                                                                                                                                                                                               |                        | 100                          | Ū                      | V                     | v                             | U                    | _                |             | Small Entity   |  |  |  |
| Fee Description                                                                                                                                                                                                            |                        |                              |                        |                       |                               |                      |                  | Fee (\$)    | Fee (\$)       |  |  |  |
|                                                                                                                                                                                                                            |                        |                              | claim over 20 an       |                       |                               |                      | aimal matant     | 50<br>200   | 25<br>100      |  |  |  |
| Multiple depende                                                                                                                                                                                                           |                        | or, for Kei                  | ssues, each inder      | bendent claim n       | nore man                      | in the orig          | ginai pateni     | 360         | 180            |  |  |  |
| Total Claims                                                                                                                                                                                                               | Extra C                | laims                        | Fee (\$) Fee           | Paid (\$)             | Multipl                       | le Depende           | ent Claims       | 500         | 100            |  |  |  |
|                                                                                                                                                                                                                            | or HP = 0              | × _                          | 50 = 0                 |                       | Fee                           | (\$)                 | Fee Paid         | <u>(\$)</u> |                |  |  |  |
| HP = highest num Indep. Claims                                                                                                                                                                                             | ber of total claims pa | -                            |                        | Paid (\$)             |                               |                      |                  |             |                |  |  |  |
| 03                                                                                                                                                                                                                         | or HP = 0              | x _                          | 200 = 0                |                       |                               |                      |                  |             |                |  |  |  |
| HP = highest numl                                                                                                                                                                                                          | per of independent c   | aims paid for                | , if greater than 3    |                       |                               |                      |                  |             |                |  |  |  |
| 3. APPLICATIO                                                                                                                                                                                                              |                        |                              | l 100 sheets of pa     | mar tha annlia        | otion siza                    | foo due is           | \$250 (\$12      | 5 for an    | nall antitul   |  |  |  |
|                                                                                                                                                                                                                            |                        |                              | ion thereof. See       |                       |                               |                      |                  | J 101 511   | ian chiny)     |  |  |  |
| Total Sheet                                                                                                                                                                                                                |                        | Sheets                       |                        | ch additional 50      |                               |                      | Fee (\$)         | Fee         | Paid (\$)      |  |  |  |
|                                                                                                                                                                                                                            | 100 =                  | /5                           | 50 =                   | (round <b>up</b> to a | whole nur                     | mber) x              |                  | _=          | 0              |  |  |  |
| 4. OTHER FEE(S) Fees Paid (\$)                                                                                                                                                                                             |                        |                              |                        |                       |                               |                      |                  |             |                |  |  |  |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                            |                        |                              |                        |                       |                               |                      |                  |             |                |  |  |  |
| Other: Not                                                                                                                                                                                                                 | ice of Appeal (\$50    | 0) and Petit                 | ion for Extension o    | f Time (\$120)        |                               | <u> </u>             |                  |             | 620            |  |  |  |
| SUBMITTED BY                                                                                                                                                                                                               | ,                      | ,                            | 1                      |                       |                               |                      |                  |             |                |  |  |  |
| Signature                                                                                                                                                                                                                  | Phal.                  | 7/1                          |                        | Registration No.      | 45,080                        | ) [-                 | Telephone        | 312         | .372.2000      |  |  |  |
| Name (Print/Type)                                                                                                                                                                                                          | Stephen T.             | Scherrer                     | 7                      | (Attorney/Agent)      |                               |                      | Date             |             | 17, 2005       |  |  |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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